

## WV BIRTH TO THREE

Office of Maternal, Child and Family Health  
Bureau for Public Health  
Department of Health and Human Resources

---

### Instructions: Authorization for Teaming Units Form

**Purpose:** Service Authorizations are initiated through the Regional Administrative Unit based on the receipt of source documents. This Authorization for Teaming Form serves as the source document for authorizing teaming activities in accordance with WV Birth to Three policy and procedure. **Teaming activities have service limits and each practitioner is responsible for tracking units for billing purposes.**

**Legal Basis:** WV Birth to Three State Policy – Technical Assistance Bulletin – Revision to Teaming Service Definition and Billing, 07/07/08

#### **Completing the Form:** Authorization for Teaming Units Form

The Interim Service Coordinator and/or Ongoing Service Coordinator is responsible for completing the Authorization for Teaming Units form at the end of any approved standard teaming activity as required under Part C of IDEA or at the end of any other requested teaming activity. Each service coordinator/practitioner who participates in the teaming activity is required to write in the number of units available to that service coordinator/practitioner for the specific teaming activity. By initialing, the service coordinator/practitioner agrees that he/she is doing so in accordance with BTT policy. Claiming reimbursement for units above the policy/guidance amount will result in repayment. If the practitioner or service coordinator spent more time in the meeting than is reimbursable, the actual time spent will be entered in the appropriate section of the Teaming Activity Note, but the unit authorization must be according to BTT policy/TA Bulletin.

**Filling in the blanks:** The original Authorization for Teaming Units form must be forwarded to the Regional Administrative Unit within two days of the approved teaming activity for data entry and filing in the *child's* early intervention record. A copy of the Authorization for Teaming Units form must be forwarded to each practitioner who *participated in the meeting*, within two days of the teaming activity. **The form must be legible.**

#### Child's Identifying Information:

- Enter child's name - first (not nickname), middle, and last name
- Enter the child's numerical date of birth (month, day, and year). **Check to be sure that the date of birth is accurate.**

**Complete one of the following two sections, depending on the type of Teaming activity that occurred:**

#### Section I. Standard Teaming Activities under Part C of IDEA and BTT Service Limits:

- **Payee:** Enter the payee for the confirmed practitioner (The Payee will either be the agency the individual is employed by or the individual's name if he/she is an independent practitioner).
- **Practitioner:** Enter the practitioner's full name as he/she is enrolled.

- **Part C Service:** Enter the Part C service the practitioner provided teaming activities under. (See list of Part C Codes in the middle section of the form for reference).
- **Type of Meeting From List Above:** Enter the type of approved teaming activity that was completed.
- **Location Code:** Enter the location where the practitioner will be providing the teaming activity service. Note, there are only two location codes for this form. (See list of Location Codes in the middle section of the form for reference).
- **Date of Meeting:** Enter the date the teaming activity occurred (month, day, and year).
- **Number of Units and Practitioner Initial:** *Each practitioner must enter the number of units that he/she has available for the teaming activity in accordance with policy and TA Bulletins, and enter his/her initials as approval for the service coordinator to submit the units to be authorized.*

Section II: Other Requested teaming Activities and BTT Service Limits:

- **Payee:** Enter the payee for the confirmed practitioner (The Payee will either be the agency the individual is employed by or the individual's name if he/she is an independent practitioner).
- **Practitioner:** Enter the practitioner's full name as he/she is enrolled.
- **Part C Service:** Enter the Part C service the practitioner will be providing teaming activities under. (See list of Part C Codes in the middle section of the form for reference).
- **Type of Meeting From List Above:** Enter the type of approved teaming activity that was completed.
- **Location Code:** Enter the location where the practitioner will be providing the teaming activity service. (See list of Location Codes in the middle section of the form for reference).
- **Date of Meeting:** Enter the date the teaming activity occurred (month, day, and year).
- **Number of Units and Practitioner Initial:** *Each practitioner must enter the number of units that he/she has available for the teaming activity in accordance with policy and TA Bulletins, and enter his/her initials as approval for the service coordinator to submit the units to be authorized.*